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Technology Center 2600

Commissioner for Patents P.O. BOX 1450 **ALEXANDRIA, VA 22313-1450**

Reference: Revocation of Power of Attorney and Change of Address Form

Application Number: (09/617,608) Filed: 07/17/2000

Group Art Unit: 2661 Examiner: Ton, Anthony T. RECEIVED

JAN 2 5 2005

Dear Sir,

OFFICE OF PETITIONS

Enclosed are the three forms revoking the power of attorney to Stephen L. Baldwin and appointing Raman K. Rao as the representative for all the inventors. Please note the change of address.

Please let me know if any fees are due.

Raman K. Rao

Applicant and Applicants Representative

Raman K. Rao

3099 Alexis Drive, CA 94304

Tel: 650 941 7096 Fax: 650 618 1553

#10

PTO/SB/82 (09-03)
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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

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Application Number	09/617,608
Filing Date	07/17/2000
First Named Inventor	RAO
Art Unit	2661
Examiner Name	TON, ANTHONY T
Attorney Docket Number	14

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I hereby revoke all previous powers of attorney given in the above-identified application.							
						SE	P 1,4 2004
A Power of Attorney	is submitted herewith.				1	Techno	ology Center 2600
OR							
Lhereby appoint the	e practitioners associated with	the Cust	omer N	lumher:			
Thoropy appoint	s practitioners associated with	uie Gas.	Union i	uniber.			
Please change the c	orrespondence address for the	e above-	identifie	ed applica	ition to:	R	ECEIVED
The address as							
Customer Num	ber:					J	AN 2 5 2005
OR						OFF	CE OF PETITIONS
Firm <i>or</i> Individual Name	RAMAN K. RAO					· · · · · · · · · · · · · · · · · · ·	
Address	3099 ALEXIS DRIVE					· · ·	41
Address							
City	PALO ALTO		State	CA		Zip	94304
Country	USA						
Telephone	650 941 7096		Fax	650 618 °	1553		
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name RAMAN K. RAO							
Signature 9	W. F.	ro					
Date 9/08/04			elephor	1000	941 7096		
NOTE: Signatures of all the inventor signature is required, see below*.	s or assignees of record of the entire interes	st or their rep	presentativ	re(s) are requ	ired. Subm	it multiple	forms if more than one
*Total of 3 form	ns are submitted.						

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number 10/617-608

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AND
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I hereby revoke all previous powers of attorney given in the above-identified application.				
			SEP 1,4 2004	
☐ A Power of Attorney	y is submitted herewith.		Technology Center 2600	
OR			Idoning Al Course Tage	
l hereby appoint th	e practitioners associated with the (Customer Number:		
Please change the o	correspondence address for the abo	ove-identified applicatio	on to:	
The address as			٦	
Customer Num	ber:		RECEIVED	
OR			JAN 2 5 2005	
Firm or Individual Name	RAMAN K. RAO		<u> </u>	
Address	3099 ALEXIS DRIVE	3099 ALEXIS DRIVE OF PETITIO		
Address				
City	PALO ALTO	State _{CA}	Zip ₉₄₃₀₄	
Country	USA			
Telephone	650 941 7096	Fax 650 618 155	3	
I am the:				
Applicant/Inventor	•			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
	SIGNATURE of Applicant o	r Assignee of Record		
Name SUNIL K. RAO				
Signature Funni	k. Low			
Date 9/08/04		Telephone 650 941		
signature is required, see below*.	s or assignees of record of the entire interest or th	eir representative(s) are required	Submit multiple forms if more than one	
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A Power of Attorney is submitted herewith.				SEP 1,4 2004		
			ī	echnology Center 2600		
OR						
I hereby appoint the	practitioners associated with the C	ustom	er N	umber:		
Please change the co		/e-ider	ntifie	d application to:		
Firm or	RAMAN K. RAO					
Individual Name Address						
Address	3099 ALEXIS DRIVE					
City	PALO ALTO	Stat	e T	04	Zip 04304	
Country	USA	Join		CA	21P 94304	
Telephone		1 F	ax	050 040 4550		
I am the:	650 941 7096			650 618 1553	DECEIVED	
JAN 2 5 2005				JAN 2 5 2005		
	of the entire interest. See 37 CFR 7 CFR 3.73(b) is enclosed. (Form P		3/96)	1	OFFICE OF PETITIONS	
SIGNATURE of Applicant or Assignee of Record						
Name SANJAY K. RAO						
Signature Sanjay no						
Date 9/08/04	,	Tele	phon	650 941 7096		
NOTE: Signatures of all the inventors signature is required, see below*.	or assignees of record of the entire interest or their	r represe	entative	e(s) are required. Subm	nit multiple forms if more than one	
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